



Houston Department of
Health and Human Services

Bureau of Vital Statistics, 1st Floor

8000 N. Stadium Drive, Houston, TX 77054

Tel: 713-794-9050 • 713-247-1686 • FAX: 713-794-9991

<http://www.ci.houston.tx.us/hlt/certificatespage.html>

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

PLEASE PRINT

Receipt Number / Time

1. State law mandates that **Birth and Death Certificates** may only be issued to a **"Qualified Applicant"** such as the person named on the certificate, immediate family members, or a party having a direct, tangible and legal interest. **Certificates are NOT public information.**
2. **QUALIFIED APPLICANTS MUST PROVIDE OFFICIAL PHOTO IDENTIFICATION.** (Driver's License, etc)
3. **Certificates of Birth** are available for births occurring within the City of Houston's Local Registration District.
4. **Certification of Birth Facts** can be issued for births occurring within the State of Texas.
5. Certificates **ARE NOT AVAILABLE** for out-of-state or foreign country births.
6. **State law requires** that any time we search for a certificate and it is NOT FOUND, we must charge a **"SEARCH FEE"** equal to the certificate fee. **Search fees are not refundable or transferable.** *Please Initial Here* ➤

Number of full-sized Certificates of Birth ordered (\$12.00 each) _____

Number of wallet-sized certificates ordered (\$12.00 each) _____

Number of Certification of Birth Facts ordered (\$12.00 each) _____

Full Name on Certificate: _____
Last First Middle

Date of Birth: ____/____/____ Sex: [M] [F] Hospital/Midwife: _____
Month Day Year

City of Birth: _____ County of Birth: _____

Full Name of Father: _____
Last First Middle

Full MAIDEN Name of Mother: _____
Last First Middle

Purpose for requesting certificate: _____

Are you requesting your own certificate? _____ If not, what is your relationship to the person named on the certificate? _____

To your knowledge, has there ever been a name change, adoption, or amendment filed to this certificate? _____
If so, please explain _____

Printed Name of Applicant: _____

Daytime Phone Number

Address of Applicant: _____

City: _____ State: _____ Zip: _____

Telephone Number

Signature of Applicant: _____

WARNING: The penalty for knowingly making a false statement on this form is a 3rd Degree Felony and may be punishable with up to 2-10 years in prison and a fine of up to \$10,000.00. (Health and Safety Code of Texas, Chapter 195, Sec. 195.003)

OFFICE USE ONLY

Clerk: _____ Total Number of Applications: _____

TDL #: _____ Social Security #: _____ Other ID #: _____